

## Illinois Sexual Assault Nurse Examiner (SANE) Program Adult/Adolescent Clinical Training Log

Name	
Address	
City/State/Zip Code	
Telephone Number	
Email Address	
Date of SANE Didactic Training	
Name of Preceptor	
Preceptor Contact Information	

The Office of the Illinois Attorney General sets high training standards for nurses aspiring to practice as Sexual Assault Nurse Examiners (SANEs) throughout Illinois. To independently perform medical forensic examinations on adult/adolescent (defined as the onset of menses in females, the advent of secondary sex characteristics in males, postmenopausal females and other older adult patients) sexual assault patients, the registered nurse must complete and maintain certificates of completion for both:

- Adult/Adolescent 40-hour didactic SANE training
- Adult/Adolescent clinical SANE training consistent with Illinois SANE Program clinical training guidelines

The outlined requirements are the **minimum** clinical training standards for the Adult/Adolescent SANE in Illinois and are consistent with the guidelines established by the International Association of Forensic Nurses (IAFN).

Clinical training includes the following **mandatory** requirements:

1. Genital Exams (including clinical competency validation tool)
2. Specialized Equipment Proficiency Training
3. Entry Level Adolescent and Adult Assessment Workbook
4. Observation at Criminal Trial Proceedings
5. At Least Three Additional Training Opportunities
6. Medical Forensic Examinations (including clinical competency validation tool)
7. Sign-Off of Competency by SANE-A During a Mock Exam OR Completion of Illinois Attorney General Clinical SANE Training Program

The goal of the Adult/Adolescent clinical SANE training is for the clinician to become proficient in caring for the adult/adolescent sexual assault/abuse patient. This clinical log is the Illinois SANE Program documentation tool and clinical requirements guide for the Illinois Adult/Adolescent SANE. **The clinical training must be completed within 12 months of the completion of an Adult/Adolescent didactic SANE course.** If this timeframe is not possible, you must contact the Illinois SANE Coordinator to request an extension.

# Mandatory Requirements

## 1. Genital Exams

**Primary Goal:** To provide training and practice techniques required for the physical examination of the external and internal structures of the female genitalia and external structures of the male genitalia. This practice must include 15 or more successful speculum placements for female patients. The genital examinations are to be completed until proficiency is achieved. The Clinical Competency Validation Tool (see next page) outlines the competency criteria and must be validated by the preceptor during each exam.

**Please keep in mind that this is not a pelvic exam.** SANE nurses use additional techniques (including labial separation, labial traction, Foley catheters and/or Fox swabs) to improve visualization of areas prone to injury/trauma and you should make sure that your preceptor is knowledgeable about these techniques before beginning.

	Date	Facility/Location	Preceptor Name	Preceptor Signature
1.				
2.				
3.				
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9.				
10.				
11.				
12.				
13.				
14.				
15.				

Additional Genital Examinations (if needed to gain competency **OR** for male patient exams):

	Date	Facility/Location	Preceptor Name	Preceptor Signature
16.				
17.				
18.				
19.				
20.				

## Clinical Competency Validation Tool

### Genital Exams Including Speculum Placement

**Primary Goal:** To validate competency of anatomy and techniques required during the physical examination of the external and internal structures of the female genitalia and external structures of male genitalia.

Performance Measures/Criteria	Meets Criteria Yes      No	
<p>1. Identification of normal genital anatomy, including:</p> <div style="margin-left: 20px;"> <input type="checkbox"/> FEMALE: mons pubis, labia majora, labia minora, clitoral hood, clitoris, vestibule, urethral meatus, periurethral area, fossa navicularis, posterior fourchette, hymen, vaginal orifice, posterior fornix, cervix, cervical os, perineum, anus         </div> <div style="margin-left: 20px;"> <input type="checkbox"/> MALE: urethral meatus, glans penis, corona of glans penis, frenulum, prepuce (foreskin), penile shaft, scrotum, testes, perineum, anus         </div> <p><b>Competency criteria: Clinician must properly identify each of the above structures/areas (must include both female and male examinations)</b></p>		
<p>2. Speculum placement with identification of posterior fornix and cervical os</p> <p><b>Competency criteria: Clinician must place speculum with successful cervical os visualization and verbalization of posterior fornix location</b></p>		
<p>3. Other visualization techniques to improve visualization and injury identification</p> <div style="margin-left: 20px;"> <input type="checkbox"/> Labial separation  <input type="checkbox"/> Labial traction  <input type="checkbox"/> Foley catheter technique to visualize hymen  <input type="checkbox"/> Fox swab technique to visualize hymen         </div> <p><b>Competency criteria: Clinician must perform three of the above mentioned techniques for improved visualization (please indicate which three were completed by checking the box to the left)</b></p>		
<p>I have supervised the genital exams performed by the clinician, and I find that the clinician is proficient to perform genital exams and speculum placement independently.</p>	Y	N
<p>Date of Competency Validation (list multiple if necessary):</p>		
<p>Preceptor Name and Qualifications (MD, Midlevel or SANE-A):</p>	<p>Clinician Signature:</p>	
<p>Preceptor Signature:</p>	<p>Clinician Name:</p>	
<p>Preceptor Contact Phone or Email:</p>		

## 2. Specialized Equipment Proficiency Training

**Primary Goal:** To gain knowledge in the use of a colposcope, digital camera, alternative light source, Toluidine blue dye, Foley catheter or Fox swabs or other specialized equipment during ano-genital assessment. **Training is required for each adjunct that a facility utilizes. This training should not be performed on a sexual assault patient.**

Date: \_\_\_\_\_ Clinician Initials: \_\_\_\_\_ Equipment Type: \_\_\_\_\_  
Preceptor Name (MD, Midlevel or SANE-A): \_\_\_\_\_  
Preceptor Signature: \_\_\_\_\_  
Preceptor Contact Phone or Email: \_\_\_\_\_  
Proficient: Y          N          Suggested Remediation: Y          N  
Comments: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Clinician Initials: \_\_\_\_\_ Equipment Type: \_\_\_\_\_  
Preceptor Name (MD, Midlevel or SANE-A): \_\_\_\_\_  
Preceptor Signature: \_\_\_\_\_  
Preceptor Contact Phone or Email: \_\_\_\_\_  
Proficient: Y          N          Suggested Remediation: Y          N  
Comments: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Clinician Initials: \_\_\_\_\_ Equipment Type: \_\_\_\_\_  
Preceptor Name (MD, Midlevel or SANE-A): \_\_\_\_\_  
Preceptor Signature: \_\_\_\_\_  
Preceptor Contact Phone or Email: \_\_\_\_\_  
Proficient: Y          N          Suggested Remediation: Y          N  
Comments: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Clinician Initials: \_\_\_\_\_ Equipment Type: \_\_\_\_\_  
Preceptor Name (MD, Midlevel or SANE-A): \_\_\_\_\_  
Preceptor Signature: \_\_\_\_\_  
Preceptor Contact Phone or Email: \_\_\_\_\_  
Proficient: Y          N          Suggested Remediation: Y          N  
Comments: \_\_\_\_\_  
\_\_\_\_\_

## 3. Entry Level Adolescent and Adult Assessment Workbook

The clinician must complete the entry level adolescent and adult assessment workbook and write up a 2-3 paragraph summary of what they learned, what they found most helpful and any outstanding questions or concerns that were identified when completing the material.

#### 4. Observation at Criminal Trial Proceedings

**Primary Goal:** To observe and become familiar with criminal trial proceedings, particularly direct and cross examination of a witness. Preferably the testimony observed will be that of an expert witness. This can be coordinated with the State's Attorney's Office victim witness coordinator or State SANE Coordinator. Completed time should not be less than **4 hours**.

**Direct exam of witness:**

Date: \_\_\_\_\_ Clinician Initials: \_\_\_\_\_ Hours Spent: \_\_\_\_\_  
State's Attorney's Office: \_\_\_\_\_  
Name of State's Attorney or Judge: \_\_\_\_\_  
Signature of State's Attorney or Judge: \_\_\_\_\_  
Contact Phone or Email: \_\_\_\_\_

**Cross exam of witness:**

Date: \_\_\_\_\_ Clinician Initials: \_\_\_\_\_ Hours Spent: \_\_\_\_\_  
State's Attorney's Office: \_\_\_\_\_  
Name of State's Attorney or Judge: \_\_\_\_\_  
Signature of State's Attorney or Judge: \_\_\_\_\_  
Contact Phone or Email: \_\_\_\_\_

Description of what you learned and any questions that were not answered during this experience: \_\_\_\_\_

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#### 5. At Least Three Additional Training Opportunities

The clinician must complete at least 3 of the following activities:

**a. Forensic Photography Training**

**Primary Goal:** To gain hands-on practice and experience with a digital camera and/or other photography equipment. Should be completed with a forensic photography expert (crime scene investigator, detective, SANE or other individual with specialized training).

Date: \_\_\_\_\_ Clinician Initials: \_\_\_\_\_ Hours Spent: \_\_\_\_\_  
Preceptor Name: \_\_\_\_\_  
Preceptor Contact Phone or Email: \_\_\_\_\_

**b. Victim Services Agency**

**Primary Goal:** To establish a collaborative relationship with victim services agency and staff. To learn full range of services provided.

Date: \_\_\_\_\_ Clinician Initials: \_\_\_\_\_ Hours Spent: \_\_\_\_\_  
Preceptor Name: \_\_\_\_\_  
Name of Agency: \_\_\_\_\_  
Preceptor Contact Phone or Email: \_\_\_\_\_

**c. State's Attorney's Office Victim Witness Coordinator**

**Primary Goal:** To establish a collaborative relationship with victim witness coordinator. To learn full range of services provided and court process for victims and other witnesses.

Date:\_\_\_\_\_ Clinician Initials:\_\_\_\_\_ Hours Spent: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

State's Attorney's Office:\_\_\_\_\_

Preceptor Contact Phone or Email:\_\_\_\_\_

**d. Illinois State Police Crime Lab**

**Primary Goal:** To gain first-hand knowledge of forensic science center.

Date:\_\_\_\_\_ Clinician Initials:\_\_\_\_\_ Hours Spent: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Name and Location of Lab:\_\_\_\_\_

Preceptor Contact Phone or Email:\_\_\_\_\_

**e. Law Enforcement Agency**

**Primary Goal:** To establish a collaborative relationship with local law enforcement agency/sex crimes unit. To observe sex crimes detective in the field.

Date:\_\_\_\_\_ Clinician Initials:\_\_\_\_\_ Hours Spent: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Name and Location of Law Enforcement Agency:\_\_\_\_\_

\_\_\_\_\_

Preceptor Contact Phone or Email:\_\_\_\_\_

**f. Additional Relevant Experiences**

**Primary Goal:** To gain clinical knowledge through additional relevant experiences. Examples include attending a pertinent conference or visiting a coroner's office.

Date:\_\_\_\_\_ Clinician Initials:\_\_\_\_\_ Hours Spent: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Name of Agency/Conference:\_\_\_\_\_

Preceptor Contact Phone or Email:\_\_\_\_\_

Description of Activities:\_\_\_\_\_

\_\_\_\_\_

**g. Additional Relevant Experiences**

**Primary Goal:** To gain clinical knowledge through additional relevant experiences. Examples include attending a pertinent conference or visiting a coroner's office.

Date:\_\_\_\_\_ Clinician Initials:\_\_\_\_\_ Hours Spent: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

Name of Agency/Conference:\_\_\_\_\_

Preceptor Contact Phone or Email:\_\_\_\_\_

Description of Activities:\_\_\_\_\_

\_\_\_\_\_

**Primary Goal:** To gain competency in conducting medical forensic examinations, including medical forensic history taking, head-to-toe assessment, detailed genital exam, evidence collection using the Illinois State Police Sexual Assault Evidence Collection Kit and discharge instructions including STI/HIV prophylaxis, pregnancy prevention, follow-up care and safety planning.

1. Complete the entry level adolescent and adult assessment workbook
2. Observe an exam conducted by an experienced examiner (preferably a SANE-A)
3. Perform a mock examination with a SANE-A or participate in performing an exam with an experienced examiner
4. Independently conduct exams with the experienced examiner present until competency is achieved

### Exam 1:

Date of Peer Review: \_\_\_\_\_ Completed With: \_\_\_\_\_

## Exam 2:

Date: \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

Preceptor Name (MD, Midlevel, SANE-A or SANE): \_\_\_\_\_

Preceptor Contact Information: \_\_\_\_\_

Summary of Examination: \_\_\_\_\_

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Date of Peer Review: \_\_\_\_\_ Completed With: \_\_\_\_\_

### Exam 3:

Date: \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

Preceptor Name (MD, Midlevel, SANE-A or SANE): \_\_\_\_\_

Preceptor Contact Information: \_\_\_\_\_

Summary of Examination: \_\_\_\_\_

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Date of Peer Review: \_\_\_\_\_ Completed With: \_\_\_\_\_

**Additional Medical Forensic Examinations (if needed to gain competency OR male examinations):**

## Exam 4:

Date: \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

Preceptor Name (MD, Midlevel, SANE-A or SANE): \_\_\_\_\_

Preceptor Contact Information: \_\_\_\_\_

Summary of Examination: \_\_\_\_\_

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**Exam 5:**

Date: \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

Preceptor Name (MD, Midlevel, SANE-A or SANE): \_\_\_\_\_

Preceptor Contact Information: \_\_\_\_\_

Summary of Examination: \_\_\_\_\_  
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Date of Peer Review: \_\_\_\_\_ Completed With: \_\_\_\_\_

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## Clinical Competency Validation Tool Medical Forensic Examinations

**Competency Statement:** The performance of the SANE requires proper techniques as outlined by the International Association of Forensic Nurses. The list described is not inclusive; however, the list includes the **minimum** criteria necessary to practice as a SANE. This list defines areas of performance of required clinical skills until competency\* is demonstrated by the SANE.

\*Competency is defined by the local program.

Performance Measures/Criteria	Meets Criteria		Not Evaluated
	Yes	No	
1. Explains/provides to the patient: <ul style="list-style-type: none"> <li>▪ Informed consent</li> <li>▪ Procedures and equipment/techniques utilized</li> <li>▪ Rights to privacy and confidentiality</li> </ul>			
2. Obtains medical and forensic history and documents thoroughly according to agency standards			
3. Performs thorough, patient-centered head-to-toe assessment, including detailed ano-genital assessment using a speculum and other techniques and/or equipment			
4. Identifies, interprets and appropriately documents findings of: <ul style="list-style-type: none"> <li>▪ Injury/trauma</li> <li>▪ Normal variations</li> <li>▪ Disease process</li> </ul>			
5. Using proper techniques, collects appropriate evidence according to local protocol, documents and maintains chain of custody of evidence			
6. Identifies and performs specimen collection for drug facilitated sexual assault, sexually transmitted infection, pregnancy and HIV testing			
7. Using proper techniques, performs forensic photography accurately			
8. Performs psychosocial assessment that includes: <ul style="list-style-type: none"> <li>▪ Crisis intervention</li> <li>▪ Suicide and safety assessment and planning</li> <li>▪ Referrals</li> <li>▪ Culturally sensitive approach</li> </ul>			
9. Provides appropriate medication administration, discharge instructions and other referrals based on patient's needs			
Date of Competency Validation			
Preceptor Name and Qualifications (MD, Midlevel, SANE-A or SANE):	Clinician Signature:		
Preceptor Signature:	Clinician Name:		
Preceptor Contact Phone or Email:			

The course clinical log must be completed and a **copy** submitted to the Illinois SANE Coordinator within **12 months** of your Adult/Adolescent didactic SANE training. It is highly recommended that you contact the Illinois SANE Coordinator six months after your didactic training if you are having difficulty completing any of your requirements. If you need more room to describe your clinical experiences, please attach additional paper. **Please type or write legibly.** Any questions regarding these requirements should be directed to the Illinois SANE Coordinator. These are minimum standards for Illinois. Your institution and/or the Illinois SANE Coordinator may require additional clinical experiences to validate your competency.

**You must include the following as a component of your clinical training:**

- a copy of your 2-3 paragraph summary of the entry level adolescent and adult assessment workbook
- a sign-off of competency by a SANE-A during a mock exam **OR** completion of the Illinois Attorney General's 2-day clinical SANE training program

If you attended a SANE training other than that provided by the Office of the Illinois Attorney General, please submit a copy of your training certificate of completion and agenda.

After review and approval of documentation, you will be mailed a certificate of completion for clinical training requirements. Having a certificate of completion for **both** didactic and clinical training allows you to practice as a SANE in the State of Illinois. If you will be practicing as a SANE, you may write this title below your signature as a description of your job title.

This does not mean that you are certified as an Adult/Adolescent SANE. Certification is granted through the Forensic Nursing Certification Board after passing an exam or submitting a portfolio. The clinical training certificate provides proof of adult/adolescent clinical SANE training, which will allow you to sit for the certification exam. Please visit the International Association of Forensic Nurses website at [www.iafn.org](http://www.iafn.org) for more information. Obtaining the clinical training certificate will also assist in qualifying the Adult/Adolescent SANE as an expert witness in criminal/civil court proceedings.

**Upon completion of all clinical requirements, fax, email or mail a copy (DO NOT MAIL ORIGINAL) of your clinical training log and other documentation to:**

Jaclyn Rodriguez, BSN, BS, RN, SANE-A  
Illinois SANE Coordinator, Crime Victim Services  
Office of the Illinois Attorney General  
100 W. Randolph Street, 13<sup>th</sup> Floor  
Chicago, IL 60601  
[jrodriguez@atg.state.il.us](mailto:jrodriguez@atg.state.il.us)  
Office: 312-814-6267  
Cell: 312-519-2133  
Fax: 312-814-7105